

SYSTEM CHANGE PROPOSAL (SCP)

Page 1 of 2

For use of this form, see USMEPCOM Reg 5-6

Instructions: Use this form to document proposed innovations/changes to any system, program, or process.

SECTION I - ORIGINATOR AND SUBMITTING AUTHORITY

1. <input type="checkbox"/> Innovation <input type="checkbox"/> Change		2. Date: (YYYYMMDD)	
3. Originator's name:		4. Telephone:	5. Office/Sector/MEPS:
6. Short description of proposed innovation/change:			
7. System/program/process affected (hardware, software, database, processing flow, or other):			
8. Description of proposed innovation/change: (Attach separate sheet if additional space is needed.)			
9. Provide justification/expected benefits/impact if not adopted: (Attach separate sheet if additional space is needed.)			
10. Name of submitting authority:		11. Signature:	12. Date: (YYYYMMDD)

SECTION II - CONFIGURATION MANAGEMENT (to be completed by CIMP manager)

13. Date received: (YYYYMMDD)		14. System Control Number (SCN):	
15. Comments:			
16. CIMP manager's signature & date:		17. CIMP manager's telephone number:	
18. <input type="checkbox"/> Notified originator of SCN assigned.			

SECTION III - FUNCTIONAL PROPONENT REVIEW/ANALYSIS

Page 2 of 2

19. Action taken: (check one)

a. ☐ Duplicate of existing SCN: No. _____d. ☐ Forwarded to additional staff element(s) for supporting detailed impact analysis inputb. ☐ Returned for insufficient informatione. ☐ Functional proponent analysis (see block 20)c. ☐ Canceled by originator (see attached verification)
Date:: _____

20. Functional proponent analysis and recommendation:

21. Proposed innovation/change recommended: (check one)

☐ Concur☐ Nonconcur☐ Concur with modification

22. Estimated/projected time required:

23. Estimated costs/savings:

☐ Significant \$ _____☐ Negligible/none

24. System/program/process affected (hardware, software, database, processing flow, or other):

25. Justification for the recommendation identified in block 20: (Attach separate sheet if additional space is needed.)

26. Name/title/office symbol:

27. Signature:

28. Date: (YYYYMMDD)

SECTION IV - CCB/CCSB/IMRB CERTIFICATION

29. Comments:

30. Approval Board: (Check board and action taken.)

☐ CCSB/IMRB ☐ Approved ☐ Disapproved☐ CCB ☐ Approved ☐ Disapproved

31. Name/title/office symbol:

32. Signature:

33. Date: (YYYYMMDD)